

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 12, 2002

RE: MDR Tracking #: M2-03-0232-01-ss
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

DOI: ___ lifting at ___, reported 11/30/00. Chiropractic treatment, Orthopaedic consults, physical therapy, epidural blocks. MRI : disc desiccation and bulge abutting nerve root S1 on left. Electromyogram/Nerve conduction velocity 8/27/02 within normal limits. Symptoms involve right low back and right lower MRI findings are on left. No clearly documented consistent neurologic findings. No progress with treatment. Psychological testing revealed high scores on disability index.

Requested Service(s)

360° fusion and discography

Decision

I agree with insurance carrier that above services are not medically necessary.

Rationale/Basis for Decision

Discography is not a reliable diagnostic tool in compensable cases and in cases with elevated scores on Disability indexes. Evidence has been presented at the North American Spine Society to document the above principally by Carragee and Associates at Stanford University. There is no evidence of instability on any of the diagnostic studies. There are no consistent neurologic findings. Results of spinal fusion without clear cut indicators are very poor. I would not consider this gentleman a candidate for any invasive procedures at this time.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,